



## **APPLICATION FOR BODY ART & PIERCING**

Body Art Est. - \$200.00 / Body Art Practitioner - \$100.00  
Body Piercing Est. - \$200.00 / Body Piercing Practitioner - \$100.00

**Checks due upon receipt of application. Checks payable to:**

**City of Amesbury  
9 School St.  
Amesbury, MA 01913  
Questions: (978) 388-8134**

Name of Applicant: \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_  
State Drivers License or State Identification Card: \_\_\_\_\_

Body Art/Piercing Establishment Name: \_\_\_\_\_  
Body Art/Piercing Establishment Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Body Art/Piercing Establishment Telephone: \_\_\_\_\_

Establishment Hours of Operation: \_\_\_\_\_

**Provide the following for Body Art Establishment:**

Scaled plans and specifications of the proposed Establishment to demonstrate compliance with Body Art Regulations at the time of original application and upon any changes in establishment layout.

Present original and provide copy of Business Certificate issued by the City Clerk under the provisions of M.G.L, Ch. 110 & 5

Copy of Client Application and Consent Form for Body Art to be used within the Establishment

Copy of Aftercare Instructions to be used by the practitioners within the Establishment.

Copy of Establishment's Exposure Control Plan

Name and phone number of waste hauler that services Establishment

Name and phone number of waste hauler that service Establishment for contaminated waste and sharps

**Provide the following for Body Art Practitioner:**

Evidence of course completion in Preventing Disease Transmission.  
(Applicant must show a dated certificate of completion form either American Red Cross or Association of Professional Body Artist).

Evidence of current certification in First Aid/CPR. (Applicant must show a dated certificate of

completion of a course in First Aid/CPR which demonstrates the required course was completed within the last two (2) years.

Proof of completion of a course in Anatomy, Physiology or other approved skin course.

Proof of two (2) years of apprenticeship training.

Proof of Hepatitis B. vaccine series or proof of immunity.

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**Applicant / Body Art Establishment Permit Statement of Consent:**

I understand that this permit expires on December 31st of this year. I understand that any notice required to be given by the Amesbury Health Department to me may be given by mailing the notice to the address of the last place of business (establishment address) of which I have notified the Amesbury Health Department. I have received a copy of the City of Amesbury Rules and Regulations for Body Art Establishments and Practitioners and a copy of 105CMR 480. I agree to abide by these regulations and procedures. I agree to post the following valid and updated documents conspicuously in my place of business at all times:

- Original Licenses for all Body Art Practitioners working in the establishment
- Original Permit for Body Art Establishment
- Procedure for filing complaint with Amesbury Board of Health
- An Emergency Plan
- Occupancy Permit issued by the Building Inspector

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Name and Title (print clearly): \_\_\_\_\_